

09/936739

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	9-2-0
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	DA	25466	9-30-0

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	9/3
2	✓
3	✓
4	0
5	0
6	0
7	0
8	0
9	0
10	0
11	0
12	0
13	0
14	0
15	0
16	0
17	0
18	0
19	✓
20	✓
21	0
22	0
23	0
24	0
25	0
26	0
27	0
28	0
29	0
30	0
31	0
32	0
33	0
34	0
35	0
36	0
37	0
38	0
39	0
40	✓
41	0
42	0
43	0
44	0
45	0
46	0
47	0
48	0
49	0
50	0

Claim	Date
Final Original	
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330/296, -01

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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